MEMBERSHIP DIRECT DRAFT AUTHORIZATION

Last Name, First Name (print): _____

Parent or 2nd Adult (if applicable): _____

1. Account Information: ☐ New Membership or ☐ Updating Payment Information

I (we) hereby authorize the YMCA of Lincoln NE to make the following pre-authorized debit transactions against my (our):

☐ Credit/Debit Card (Drafts on the 1st of the month.) ☐ Visa Or ☐ Master Card

Number: X X X X - X X X X - X X X X - __ __ __ __ Expiration Date _____

Financial Institution Name:_____

☐ Checking Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # _____ Account Number_____

ATTACH A VOIDED CHECK FOR VERIFICATION.

☐ Savings Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # _____ Account Number_____

ATTACH A VOIDED DEPOSIT SLIP FOR VERIFICATION.

2. Payment Information:

Date transfers are to begin: _____ _____ Monthly Draft: $ _____

Month Year

3. Terms & Conditions – I further agree to the terms and conditions stated below:

I understand that it is my responsibility to notify the Lincoln YMCA of my intent to cancel my membership in writing in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used. **Account Owner Initial** _____

In the event I want to cancel this authorization, I will provide the YMCA a written notice before the end of the month prior to the next scheduled payment date. The YMCA may cancel this authorization at any time by sending me a written notice of cancellation. **Account Owner Initial** _____

If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments. **Account Owner Initial** _____

If the specified account does not have sufficient available funds on deposit on the day the YMCA attempts to deduct the payment, a $20 service fee will be assessed against my account. **Account Owner Initial** _____

4. Do you want to donate to our annual Strong Kids Campaign? ☐ Yes ☐ No

☐ One time donation-amount to be added to your first month's membership draft: $ _____

☐ Monthly donation-amount to be added to each month's membership dues: $ _____

☐ Other- Please speak with a YMCA staff or volunteer for other donation opportunities.

5. Applicant Information & Signature:

Member Name (Please Print): _____

Parent or 2nd Adult (if applicable): _____

Address/City/State/Zip: _____

Email: _____ Home Phone: _____

Account Owner's Signature: _____ **Date:** _____

For Office Use Only:

Entered By (Print Name): _____ Verified By (Print Name): _____

Cancellation Date: _____